



RCE#  
JFW

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	09/843,646
Filing Date	April 27, 2001
First Named Inventor	Salil PRADHAN et al.
Art Unit	2645
Examiner Name	A. HOOSAIN
Attorney Docket Number	1509-177

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on -----  
(Any un-entered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on -----
- iii. ☐ Other: -----
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☐ Other: -----

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2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of ----- months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(l) required)
- b. ☐ Other: -----

3. Fees

The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 08-2025
- i. ☒ RCE fee required under 37 C.F.R. §1.17(e) - \$790.00 or \$395.00
- ii. ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17) - \$-----
- iii. ☐ Other: -----
- b. ☐ Check No. ----- in the amount of \$----- is enclosed.
- c. ☐ Payment by Credit Card Form PTO-2038 enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Allen M. Lowe	Registration No. (Attorney/Agent)	19,641
Signature		Date	March 17, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Roseanne Kaplan	Date	3-17-05
Signature			